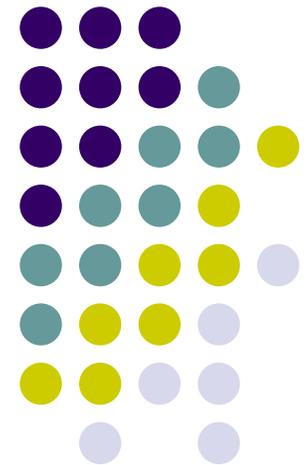


# Update on the Mental Health Division's Implementation of Evidence Based Practices for Children

Presentation to the Joint Legislative and Executive Task Force on Mental Health Services and Financing

October 19, 2005



MaryAnne Lindeblad, Interim Director

DSHS - Mental Health Division

Ross Dawson, Director, Practice Improvement

DSHS - Children's Administration

# Children's Mental Health Initiative Basis for MHD Implementation of EBPs for Children



- Implementation of Evidence Based Practices for Children in the Mental Health Division is connected to the Children's Mental Health Initiative (CMHI)

# Children's Mental Health Initiative (CMHI)



- Collaboration between three DSHS Administrations
  - Children's Administration
  - Juvenile Rehabilitation, and
  - Health and Recovery Services Administration – Mental Health Division
- Each Administration has a unique mission and role, and all three provide mental health services to children, youth and families.

# Children's Mental Health Initiative (continued)



- Work together started in 2004 with multiple activities conducted throughout the year.
- The three administrations identified four strategies to move forward.

# Creating Joint/Shared Children's Mental Health Services



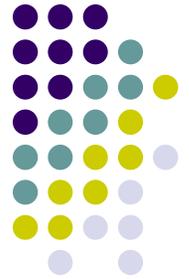
- The Strategies:
  1. Introduce and expand the use of Evidence Based Practices (EBPs) to improve outcomes for children and families.
  2. Develop a shared program of high-intensity services for children and youth with the most complex needs.

# Strategies cont'd



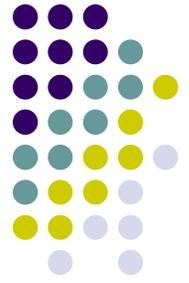
3. Create a jointly financed care management system for high-intensity services
4. Collaborate with Families and Stakeholders to develop ongoing communication.

# Implementing EBPs for Children in Three Administrations



- Strategy #1 of the CMHI establishes a consistent set of EBPs that will improve outcomes common to the three administrations

# Focus on Strategy 1 of CMHI



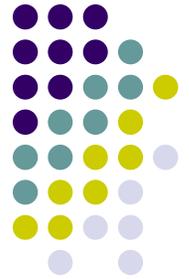
- Current focus is on implementing Strategy #1
- Made up of implementing five identified Evidence Based Practices.
- Selected practices are:
  - Multidimensional Treatment Foster Care (MTFC)
  - Functional Family Therapy (FFT)
  - Trauma Focused Cognitive Behavioral Therapy (T-F CBT)
  - Family Integrated Transitions (FIT)
  - Multi-systemic Therapy (MST)

# Elements of Multidimensional Treatment Foster Care (MTFC)



- An effective alternative to group care for adolescents with chronic antisocial behavior, emotional disturbance, and delinquency
- Community-based (residential) alternative for youth who might otherwise require a community hospital or Children's Long-Term In-Patient (CLIP) admission
- May offer a way to reduce CLIP stays when a youth no longer requires intensive inpatient care but needs a transition to home

# Elements of Multidimensional Treatment Foster Care (MTFC) continued



- Community foster families recruited and trained
- Weekly individualized therapy and group meetings
- Families actively participate in treatment

# Multidimensional Treatment Foster Care (MTFC)



## Target Disorders/Populations

- **Youth with a history of chronic and severe criminal behavior**
- **Youth at risk of incarceration**
- **Juvenile offenders**
- **Youth at risk of out of home care**
- **10-18 yr. olds & family members in a home or community setting**

# Multidimensional Treatment Foster Care (MTFC)



## Proven Outcomes

- **Diversion from CLIP**
- **Step down from CLIP into the community**
- **Increases placement stability and successful family reintegration**
- **Fewer arrests and convictions**
- **Reduced hard drug use**
- **Reduced days of incarceration**
- **Quicker community placement**

## Target Implementation Dates

- **November 2005 in CA, and already in place in JRA**
- **February 2006 for MHD**



# MHD Implementation Status

- Expands treatment continuum for children in mental health system as part of Decision Package from 2005 legislative session
- February 2006 Target Date for MHD
- Implementation Plan:
  - One site with 10 beds
  - RFQ to establish site released in late October
  - Provider must be:
    - A licensed Community Mental Health Agency
    - A Child Placement Agency
    - A contracted Behavioral Rehabilitation Services (BRS) <sup>13</sup> provider

# Implementation Dates for Other EBPs



- Functional Family Therapy (FFT)
  - Implementation Date: March 2005 (JRA-led)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - Target Implementation Date: May 2006
- Family Integrated Transitions (FIT)
  - Target Implementation Date: August 2006
- Multi-systemic Therapy (MST)
  - Target Implementation Date: September 2006